


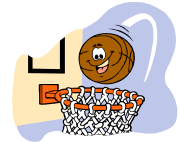
3500 South Rural Road, Tempe, AZ 85282



"All City" Summer 2006 Small Ball Basketball For Grades 1-4



- Introduction to Basketball that will teach the basics of shooting, ball handling, defense and passing.
 - Weeks 1 & 2 of the season will have all participants practicing and learning the game in a fun non-competitive atmosphere. In the final 5 weeks of the season teams will be formed and participants will have a 30 minute practice followed by a 30 minute game.
 - Registration is limited to 40 participants per hour, per site.
 - Program begins Monday, June 5th and concludes on Thursday, July 21th.
 - Parents will select the time they want their child to play.
 - Games will be played at a local Tempe school on lowered baskets.
 - Leagues will be split into grades 1-2, and 3-4 grades. (Grade they will be entering in the Fall 2006 school year.)
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League Categories: Boys and Girls in 1st & 2nd grades, Boys in grades 3rd & 4th and Girls in grades 3rd & 4th

2797	Boys/Girls	Gr. 1 & 2	M/W 6 to 7 pm @ Site to be determined (limited to 40 participants)
2799	Boys/Girls	Gr. 1 & 2	M/W 7 to 8 pm @ Site to be determined (limited to 40 participants)
2800	Boys	Gr. 3 & 4	T/TH 6 to 7 pm @ Site to be determined (limited to 40 Participants)
2801	Boys	Gr. 3 & 4	T/TH 7 to 8 pm @ Site to be determined (limited to 40 Participants)
2802	Girls	Gr. 3 & 4	T/TH 6 to 7 pm @ Site to be determined (limited to 40 Participants)

Fee: \$65

FEE ASSISTANCE AVAILABLE

Easy to Register! Mail-In or Drop-Off Monday-Friday, 8 AM-5 PM (**Deadline: May 25th**)

FAX: 480-350-5278 (Debit or Credit payment only),

ON-LINE: <http://pkreconline.tempe.gov> (Debit or Credit payment only)

"All City" Small Ball Basketball Registration Form Summer 2006

Participant Name:	Date of Birth	Age	Sex
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Address:	APT #	City	Zip
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Phone: Eve	Day	School	Grade (In Fall)
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Parent's Name: _____

Please Circle One: 2797 2799 2800 2801 2802

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.

I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate:

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

REQUIRED: Parent or Legal Guardian Signature AND Printed Name

Date _____

Fee: \$ _____ **Credit Card Number** _____ -- _____ -- _____ **Exp. Date:** _____

Enclosed Check # **OR** **Signature Authorizing Charge to above number**

Tempe Parks and Recreation Info: 480-350-5200 / TDD: 480-350-5050

www.tempe.gov/pkrec

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